

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		IND.	DEP.	IND.	DEP.
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						51			
2						52			
3						53			
4						54			
5						55			
6						56			
7						57			
8						58			
9						59			
10						60			
11						61			
12						62			
13						63			
14						64			
15						65			
16						66			
17						67			
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19						69			
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24						74			
25						75			
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29						79			
30						80			
31						81			
32						82			
33						83			
34						84			
35						85			
36						86			
37						87			
38						88			
39						89			
40						90			
41						91			
42						92			
43						93			
44						94			
45						95			
46						96			
47						97			
48						98			
49						99			
50						100			
<b>TOTAL IND.</b>						<b>TOTAL IND.</b>	<b>41</b>		
<b>TOTAL DEP.</b>						<b>TOTAL DEP.</b>	<b>52</b>		
<b>TOTAL CLAIMS</b>						<b>TOTAL CLAIMS</b>	<b>66</b>		